



ProviderConnect Inpatient/HLOC Registration User Manual

Table of Contents

Introduction	3
Accessing ProviderConnect	5
ProviderConnect Basics	7
ProviderConnect Functions	9
Completing Inpatient/HLOC Requests.....	13
Completing Inpatient/HLOC Concurrent Requests.....	26



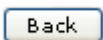
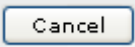
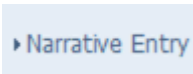
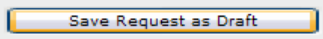
Introduction

Introduction	The ProviderConnect application provides a variety of self-service functions to help providers access and view information about members and authorizations as well as complete requests for service authorizations.
What is Covered in this Module?	This module covers general functions within ProviderConnect as well as the Initial and Concurrent Review processes for Inpatient Psychiatric authorizations.
Training Objectives	As a result of this training module, you will be able to: ▪ Log into ProviderConnect ▪ Search for and view Member records ▪ Complete an Inpatient/HLOC Initial Request ▪ Complete an Inpatient/HLOC Concurrent Review request



Introduction, continued

Navigation Features Throughout the ProviderConnect screens, navigation features are available to simplify movement through the fields and screens. Below are a few basic features available.

Feature	What it Looks Like	Description
“Breadcrumbs”		Tabs with titles of each request screen will display on all of the request screens to show progress through the process.
Asterisk	*Level of Service	Any field with an asterisk next to it indicates that the field is required and a data item must be entered or selected in order to complete the request. Conditionally required fields will not have asterisks.
Back Button		A Back button is available on most ProviderConnect screens to help navigate to previous screens. The Back button on the ProviderConnect screens should only be used when navigating to the previous screen. Do not use the back button on your Internet browser.
Calendar Icon		For date fields, a pop-up calendar can be accessed by clicking the calendar icon. When the calendar opens, click the date desired and the date field will automatically update with the selected date.
Cancel Button		A Cancel button is available within some screens to allow a user to exit from the function.
Checkboxes	☐ Chronic Pain ☐ Cardiovascular Problem	Any data items with checkboxes next to them indicate that more than one data item can be selected for that field. Click inside of the box to select the value.
Expand/Collapse		Any title with an arrow (►) to the left of the title indicates that it is a section that can be expanded to display fields or information. Click on the title to expand or collapse the section.
Hyperlinked Codes	<u>301.3</u>	Any underlined codes that are input options for a field will populate the field when clicked.
Hyperlinked Field Titles	<u>Diagnosis Code 1</u>	Any underlined field title will open screens, help text, a list of codes, etc. when clicked.
Radio buttons	☐ Yes ☐ No ☐ Unknown	Any data items with radio buttons next to them indicate that only one data item can be selected for that field. Click inside of the circle to select the value.
Save Request as Draft		A Save Request as Draft button is available on the Request for Services screens, which will save the record when clicked. As a saved record, it is only available within ProviderConnect and is not available to access in CareConnect.
Submit		A Submit button is available on some screens, which will submit the record when clicked.
Text Boxes	Member's Guardian John Smith	Any open text box indicates that free form text can be entered into the box.

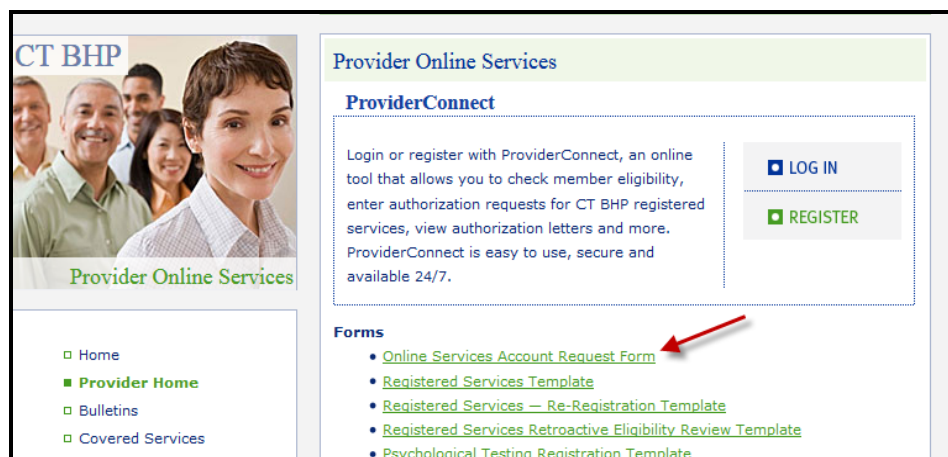


Accessing ProviderConnect – Obtaining an ID and Password

1. Go to the CT BHP website at www.CTBHP.com.
2. Select the 'For Providers' button.



3. Under the forms section, select the 'Online Services Account Request Form' hyperlink.

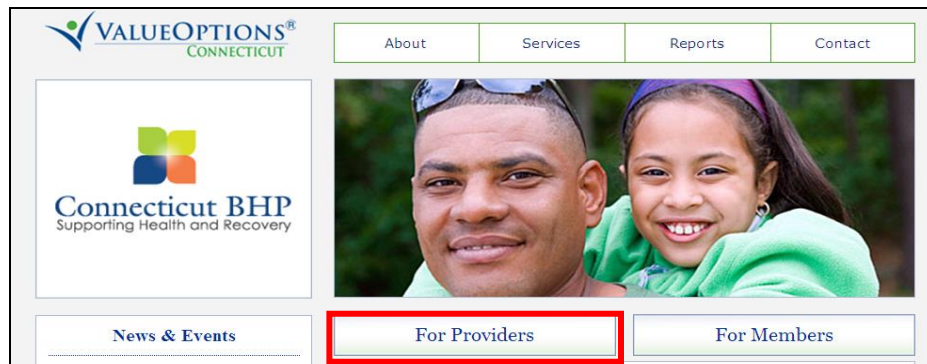


4. Complete the form and fax it to the Provider Relations Department at (855)750-9862. Completed forms can also be emailed to the Provider Relations Department at ctbhp@valueoptions.com.
5. User Accounts are created within 2 business days. Once the Account is created, you will be sent an email with your ProviderConnect ID and password. If you have any questions, please contact the CT BHP Provider Relations department at 1-877-552-8247.

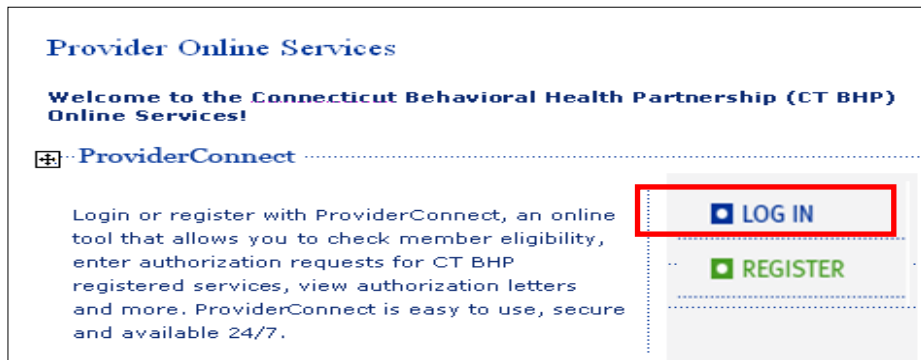


Logging In: The ProviderConnect web application is found on the CT BHP website:

1. Go to www.CTBHP.com.
2. Select For Providers.



3. Select Log In.
4. ***Providers should never select Register.



5. New Users without an ID refer to page 5, otherwise,
6. Enter User ID and Password.

 The screenshot shows the 'Please Log In' form. It has a heading 'Please Log In' and a note: 'Required fields are denoted by an asterisk (*) adjacent to the label.' Below this is a text box with the instruction 'Please log in by entering your User ID and password below.' There are two input fields: '*User ID' and '*Password'. Below the '*Password' field is a link 'Forgot Your Password?'. At the bottom of the form is a 'Log In' button (highlighted with a red rectangle). A footer note states: 'The information and resources provided through the ValueOptions site are provided for informational purposes only. ValueOptions site ("Providers") are solely responsible for determining the appropriateness and...'

7. Select Log In.
8. Select Accept on the User Agreement page to proceed to the home page.

ProviderConnect Basics

Searching for and Viewing Member Records

ProviderConnect allows users to search for specific members to view additional information about that member.

Below are the key actions for completing this step. The fields with an asterisk indicate that the field is required.

1. Select **Specific Member Search** from the navigational bar or **Find a Specific Member** on the Home page



Staging

Home
Specific Member Search
 Authorization Listing
 Enter an Authorization Request
 View Clinical Drafts
 Review Referrals
 Enter Bed Tracking Information
 My Online Profile

Welcome THE HARTFORD DISPENSARY . Thank you for using ValueOptions

YOUR MESSAGE CENTER

Recent Inquires Responded to by ValueOptions

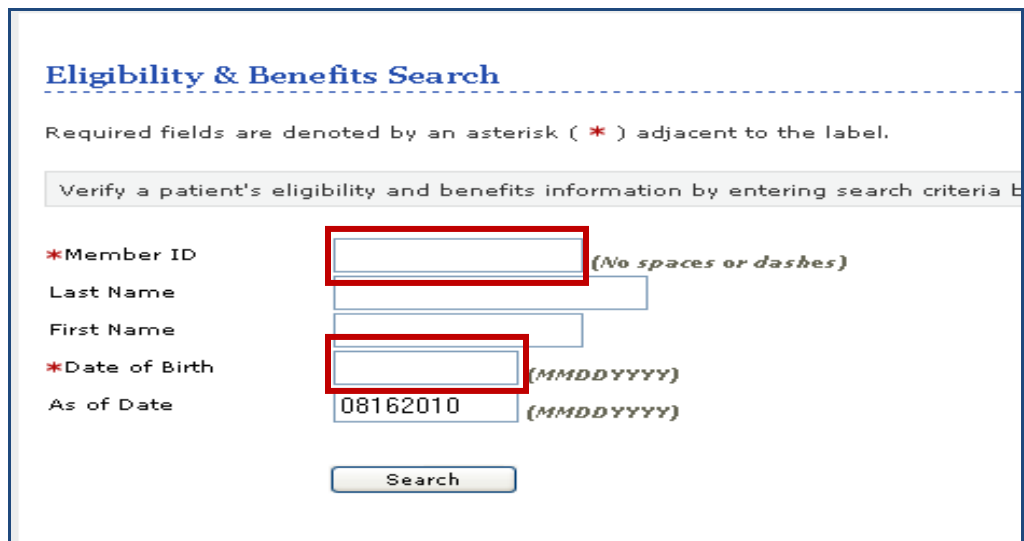
DATE RECEIVED	SUBJECT
07-28-10	REFERRAL

WHAT DO YOU WANT TO DO TODAY?

Eligibility and Benefits

Find a Specific Member

2. Enter values for the **Member ID** and **Date of Birth**
 - a. Note: The **As of Date (MBR Eligibility Date)** will auto-populate with today's date. To search a previous eligibility date, users can enter a previous date.



Eligibility & Benefits Search

Required fields are denoted by an asterisk (*) adjacent to the label.

Verify a patient's eligibility and benefits information by entering search criteria below

*Member ID (No spaces or dashes)

Last Name

First Name

*Date of Birth (MMDDYYYY)

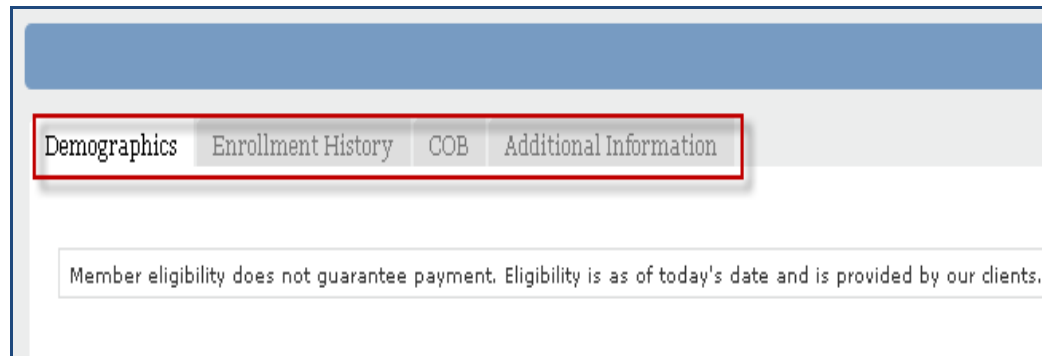
As of Date 08162010 (MMDDYYYY)

Search

ProviderConnect Basics, continued

Review Members record details

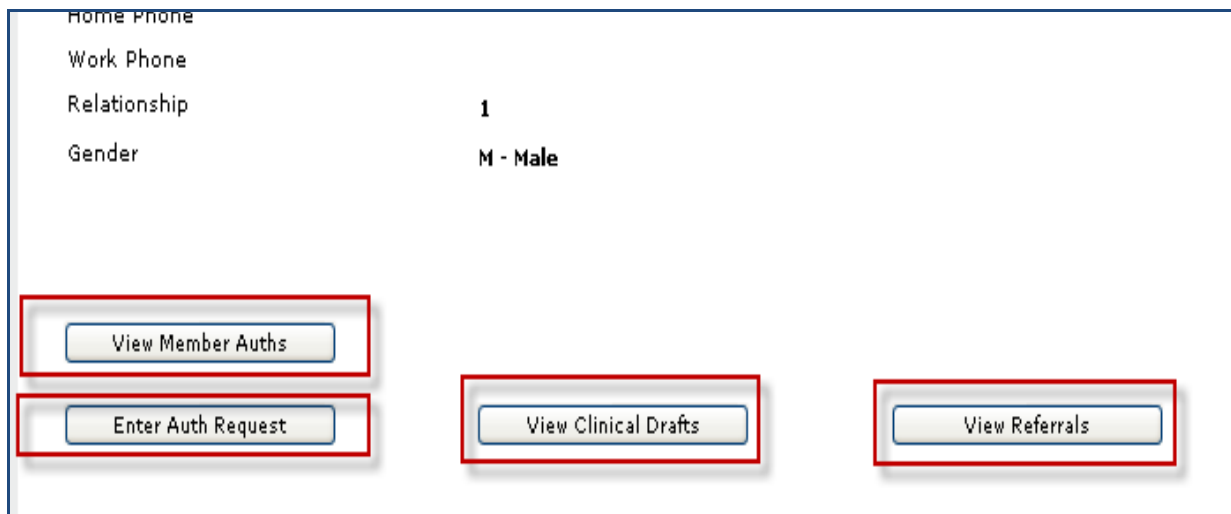
3. **Demographics** (Displays basic member information (i.e. address, phone, etc.)
4. **Enrollment History** (Displays active and expired enrollment records for member
5. **COB** (“Coordination of Benefits” - Display information on other insurance policies)
6. **Additional Information** (Displays claims mailing address for the member)



Demographics Enrollment History COB Additional Information

Member eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.

7. **View Member Auths** (Displays member specific authorizations)
8. **Enter Auth Request** (Initiates the authorization process)
9. **View Clinical Drafts** (Display member specific Clinical Drafts)
10. **View Referrals** (For Residential/Group Home Providers Only)



Home Phone
Work Phone
Relationship 1
Gender M - Male

View Member Auths

Enter Auth Request

View Clinical Drafts

View Referrals

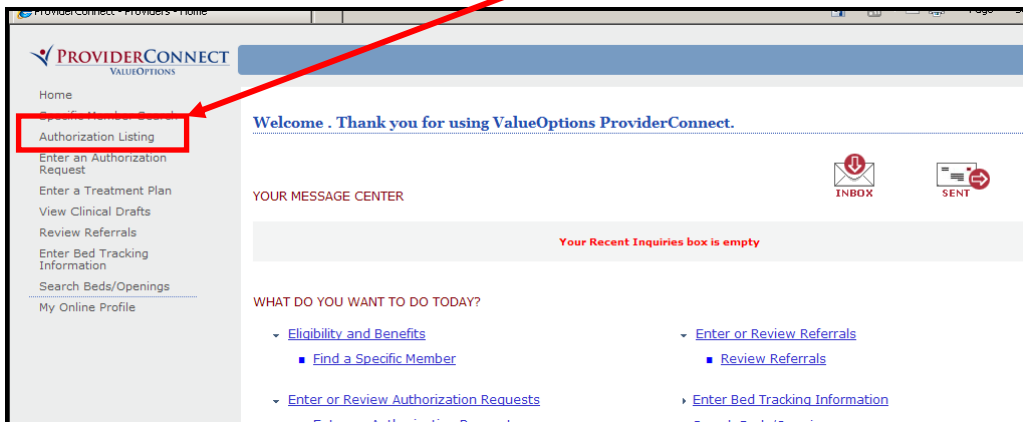


ProviderConnect Functions

Viewing Authorizations

Providers have the ability to view and print authorizations as well as view authorizations that have been pended to the CT BHP for further review. Authorizations and authorization requests can be viewed and opened by providers from the **Authorization Listing** on the ProviderConnect homepage.

Once logged into ProviderConnect, select **Authorization Listing** from the Home Page.



Enter the Client Authorization number (i.e. UXXXXXX) in the field.

Search Authorizations

Click the **View All** button below to see all authorizations regardless of effective and expiration dates. The Search Results by effective and expiration date, enter the effective & expiration dates in the appropriate field and click on the **Search** button to view authorizations for the specified date range.

Required fields are denoted by an asterisk (*) adjacent to the label.
Please select a Provider ID below, to perform any one of the Authorization Search transactions below.

* Provider ID: PROVIDER, TEMP (CBHP002120) ▼
NPI # for Authorization: Select... ▼

Vendor ID:
Member ID:
Authorization #: - (No spaces or dashes)
Client Authorization #: U1073342
Effective Date: 04142014 (MMDDYYYY)
Expiration Date: 04142015 (MMDDYYYY)
Only display EAP cases where final billing and/or disposition has not occurred. ☐

To search for and retrieve a downloadable authorization file listing within a specific date range, enter the desired activity From & To dates below, choose the delimiter type and click on the **Download** button.

Note: Please clear the effective and expiration date fields above in order to enable the download authorization function.
Activity Date span cannot exceed seven (7) days.
Activity Date Range can only be entered without a value in the Effective or Expiration Date fields above (or vice-versa).

Activity Date From: (MMDDYYYY)
Activity Date To: (MMDDYYYY)
Delimiter Type: ☒ Comma ',' ☐ Pipe '|'

Select **Search** to view the client's authorization(s).

ProviderConnect Functions- Viewing Authorizations, *continued*

Authorization Search Results				
This may not be the full list of EAP cases and may only show open EAP cases based on your search criteria.				
The information displayed indicates the most current information we have on file. It may not reflect claims or other information that has not been received by ValueOptions. For EAP/non-medical counseling services, select the authorization related to the services and enter the request via either the Auth Details tab or the Request tab.				
Auth # ▼	Member ID	Member DOB	Provider ID	Vendor ID
View Letter	Member Name		Provider Alt. ID	Alternate Provider
01- 040715- 1- 3	TEMP000981339	01/01/1995	CBHP002120	VCB003159
	PROVIDER, IVANNA		TEMPFAC	

Once the correct authorization is located, select the internal **Authorization#** (the blue hyperlink starting With 01-Date) to the left of the member's ID# above the document icon.

Auth Summary	Auth Details
--------------	---------------------

The information displayed indicates the most current information we have on file. It may not reflect claims or other information that has not been received by ValueOptions.

Authorization Header	
Member ID	TEMP000981339
Member Name	PROVIDER, IVANNA
Authorization #	01- 040715- 1- 3
Client Auth #?	U1073342
NPI # for Authorization?	N/A
Authorization Status	O - Open
From Provider	TEMP PROVIDER,
Admit Date	04/07/2015
Discharge Date	

Select the **Authorization Details (Auth. Details)** tab to view the authorization details.



ProviderConnect Functions- Viewing Authorizations, *continued*

Authorization Header

Member ID
[TEMP000981339](#)

Member Name
PROVIDER , IVANNA

Authorization #
01- 040715- 1- 3

Client Auth #
U1073342

NPI # for Authorization
N/A

Authorization Status
O - Open

Authorization Letter(s)
 (click to view)

Return to search results

Complete Discharge Review

Service Lines

Line #	Submission Date	Service Code	Modifier Codes				Service Class Descrp.	Dates of Service	Visits Requested/ Approved	Visits Actually Used (As of Today)	Status	Reason
			1	2	3	4						
1	04/07/2015	N/A					INPATIENT HOSPITAL	04/07/2015- 04/14/2015	0/ 0	0	O - Open	N/A

Note: The Authorization Details screen will list the **Dates of Service** and the **Visits Requested/Approved** for each service line. The **Visits Requested/Approved** will detail the status of each authorization by the following:

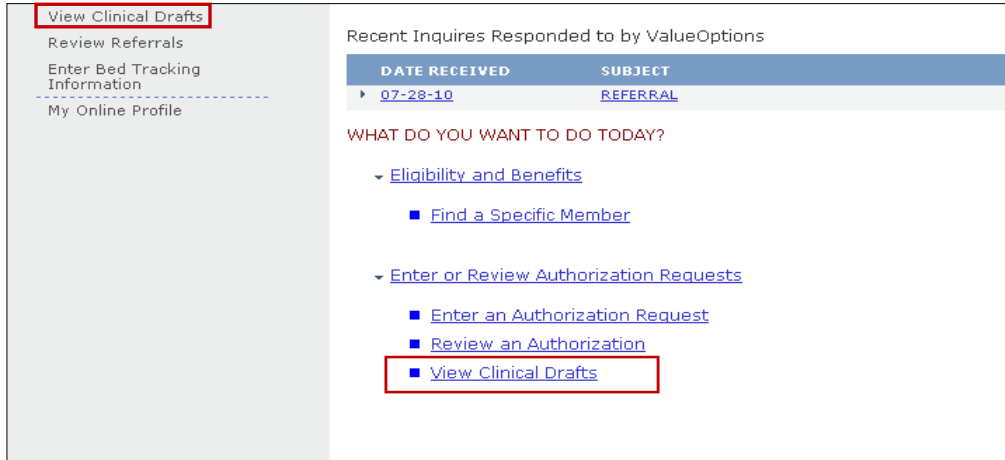
- **Visits Requested Approved (#/#)** – Indicates the number of units/days that were requested and the number of units/days that were approved.
- **Visits Requested Approved (0/0)** – Indicates that the request has been pended for further review.
- **Visits Requested Approved (#/0)** – Indicates that the request has been denied.

Submitted Initial and Concurrent Requests for Inpatient Psychiatric care will “PEND” to the CT BHP Clinical Team for further review. **Users will follow the above steps to view the status of the authorization within 24 hours of a request being submitted.**

ProviderConnect Functions

Saving Requests as Drafts

While working with requests for authorizations in ProviderConnect, providers have the ability to save a request as a draft in the event that they cannot complete it at the time the request was started. Saved drafts can be viewed and opened by providers from the **View Clinical Drafts** screen accessible from the ProviderConnect homepage.



Recent Inquires Responded to by ValueOptions

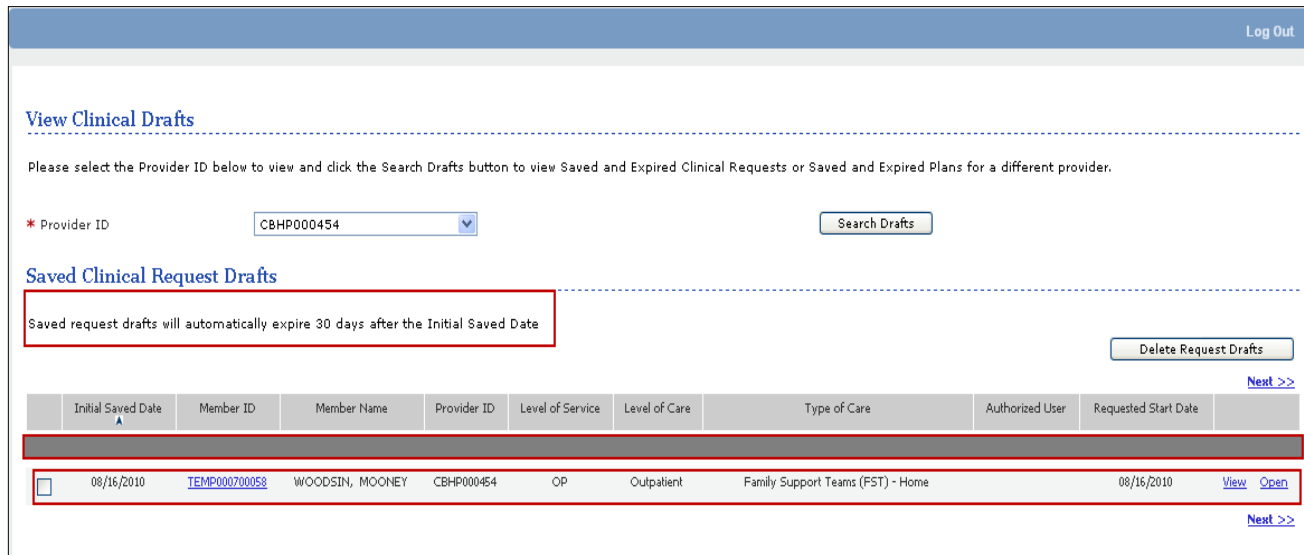
DATE RECEIVED	SUBJECT
07-28-10	REFERRAL

WHAT DO YOU WANT TO DO TODAY?

- Eligibility and Benefits
 - Find a Specific Member
- Enter or Review Authorization Requests
 - Enter an Authorization Request
 - Review an Authorization
 - View Clinical Drafts

Saved drafts are available for completion and submission for 30 days from the initial date the record was saved. **If the record is not submitted within the 30 days, it will automatically expire.**

Click **View** to see what sections of a request you have completed and click **Open** to reopen your request so you can complete and submit your information to the CT BHP clinical team.



View Clinical Drafts

Please select the Provider ID below to view and click the Search Drafts button to view Saved and Expired Clinical Requests or Saved and Expired Plans for a different provider.

* Provider ID:

Saved Clinical Request Drafts

Saved request drafts will automatically expire 30 days after the Initial Saved Date

[Next >>](#)

	Initial Saved Date	Member ID	Member Name	Provider ID	Level of Service	Level of Care	Type of Care	Authorized User	Requested Start Date	
☐	08/16/2010	TEMP00070058	WOODSIN, MOONEY	CBHP000454	OP	Outpatient	Family Support Teams (FST) - Home		08/16/2010	View Open

[Next >>](#)

***** When a record is saved as a draft, it is NOT available for CT BHP clinical staff to review.**

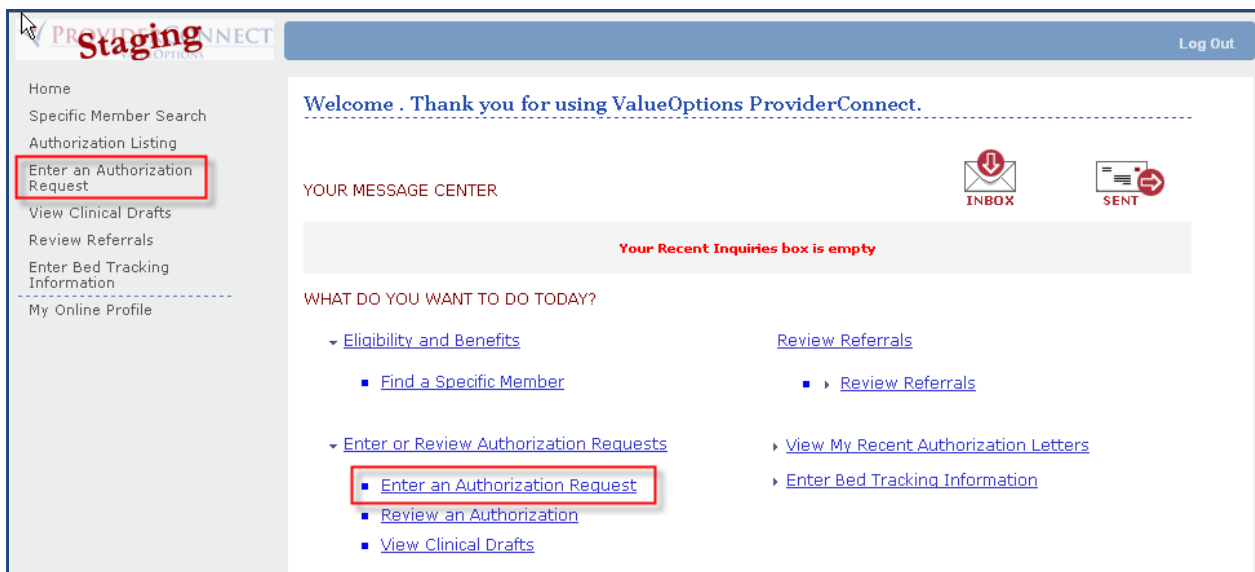
Completing Inpatient/HLOC Initial Authorization Requests

**Key Step 1:
Initiate a
Concurrent
Request for
Authorization**

The first key step is to initiate the request for an initial Inpatient/HLOC review, which can be done from the ProviderConnect Homepage.

Below are the key actions for completing this step. The fields with an asterisk indicate that the field is required.

1. Select **Enter an Authorization Request** link from either the left navigational menu or the middle of the ProviderConnect homepage.





Completing Initial Inpatient/HLOC Requests, continued

- Review the Disclaimer and select the **Next** Button.

Disclaimer

Please note that ValueOptions recognizes only fully completed and submitted requests as formal requests for authorization. ValueOptions does not recognize or retain data for partially completed requests. Upon full completion of the "Enter an Authorization Request" process, you will receive notification that your request has been received by ValueOptions.

Next

- Search for Member's Record by entering the Member's 9-digit Medicaid ID (00#####) and Date of Birth (MMDDYYYY). (You may also be able to use a Temporary member ID if the member doesn't have a Medicaid ID #.) Then select **Search**.

Required fields are denoted by an asterisk (*) adjacent to the label.

Verify a patient's eligibility and benefits information by entering search criteria below.

*Member ID (No spaces or dashes)

Last Name

First Name

*Date of Birth (MMDDYYYY)

As of Date (MMDDYYYY)

Search

- Select the **Next** button on the Member record to continue.

Member ?

Member ID	TEMP000700058
Alternate ID	
Member Name	WOODSIN, MOONEY
Date of Birth	01/15/1995
Address	500 ENTERPRISE DR HARTFORD, NB E7M
Alternate Address	
Marital Status	-
Home Phone	
Work Phone	
Relationship	1
Gender	M - Male

Next

- The **Select Service Address** screen will display.



Completing Initial Inpatient/HLOC Requests, continued

- Capture the Service Address/Vendor by selecting the radio button next to the Provider ID. The record that is selected will be attached to the request and authorization that will be created.

Select Service Address

Provider		Vendor	
Capture	Provider ID	Last Name	Vendor ID
		First Name	Vendor Last Name
	Tax ID	Service Address	Paid To Vendor ID
	Alternate ID		Pay To Address
☒	CBHP002120	TEMP PROVIDER	VCB003159
		500 ENTERPRISE DR OTP STE 4D ROCKY HILL, CT 06067-3913-	500 ENTERPRISE DR OTP STE 4D ROCKY HILL, CT 06067-3913-
	TEMPEAC		
☐	CBHP002120	TEMP PROVIDER	VCB005769
	999999999	500 ENTERPRISE DR STE 4D ROCKY HILL, CT 06067-3913-	500 ENTERPRISE DR STE 4D ROCKY HILL, CT 06067-3913-
	999999999		

Back Next

- Select the **Next** button to continue. The **Requested Service Header** will display.



Completing Initial Inpatient/HLOC Requests, continued

Key Step 2: Complete Initial Entry Request Screen

The second key step is to complete Requested Services Header screen. This screen displays for all types of requests. However, the information entered here determines which clinical screens will display and which authorization parameters will be applied to the request. The fields with an asterisk indicate the field is required.

1. Enter the **Requested Start Date**. This field automatically populates with today's date, but can be modified if needed by changing the date or the calendar icon.
2. Select the **Level of Service** = **INPATIENT/HLOC**. (When the level of service is selected, the screen will update with the required fields specific to the level of service.)
3. Select the **Type of Service** = **MENTAL HEALTH** or **SUBSTANCE ABUSE**
4. **If Level of Care = INPATIENT, PARTIAL HOSP, 23 HOUR OBS**
Select the **Type of Care** = "INPATIENT" then select: **INPATIENT – INPATIENT HOSPITAL**
 - 1) *Note: (Inpatient – IP Psych Facility – Natchaug Hospital Only)*
 - 2) *Note: For Inpatient Detox, Type of Service = Substance Use, Level of Care = Inpatient, Type of Care = Inpatient Detox*
 - 3) *Note: For Partial Hospital, Type of Service = MH or SA, Level of Care = Partial Hospital, Type of Care = Partial Hospital (PHP)*
5. Enter the **Admit Date** (MMDDYYYY).
6. Answer Yes or No for **Has Member Been Admitted to Your Facility** field.
7. Attach a document (**CT BHP Inpatient/HLOC registered services do not require attached documents.**)
8. If the Admit Time field is not auto-populated, users should enter 00:00 (military time).
9. Select the **Next** button.

Staging
ProviderConnect

Requested Services Header

All fields marked with an asterisk (*) are required.
Note: Disable pop-up blocker functionality to view all appropriate links.

*Requested Start Date (MMDDYYYY)
04/14/2015

*Level of Service
INPATIENT/HLOC

*Type of Service
MENTAL HEALTH

*Level of Care
INPATIENT

Type of Care
INPATIENT - INPATIENT HOSPITAL

*Admit Date (MMDDYYYY)
04/14/2015

Admit Time (HHMM)
0000

Has the member already been admitted to the facility?
☒ Yes ☐ No

Provider

Tax ID	Provider ID CBHP002120	Provider Last Name TEMP PROVIDER	Vendor ID VCB003159
--------	---------------------------	-------------------------------------	------------------------

Member

Member ID TEMP000981339	Last Name PROVIDER	First Name IVANNA	Date of Birth (MMDDYYYY) 01011995
----------------------------	-----------------------	----------------------	--------------------------------------

Attach a Document

Complete the form below to attach a document with this Request
The following fields are only required if you are uploading a document

*Document Type: Does this Document contain clinical information about the Member? Yes ☐ No ☐

*Document Description: SELECT...

UploadFile Click to attach a document

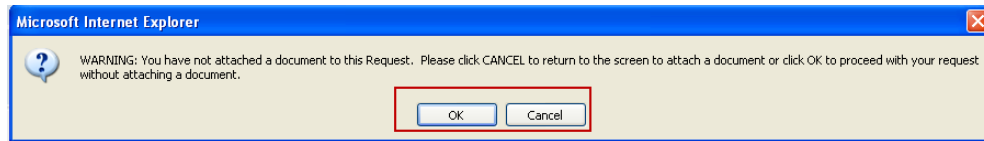
Delete Click to delete an attached document

Attached Document:

Back Next



10. A warning message will display to confirm whether you want to proceed without attaching a document. Select the **OK** button to proceed.

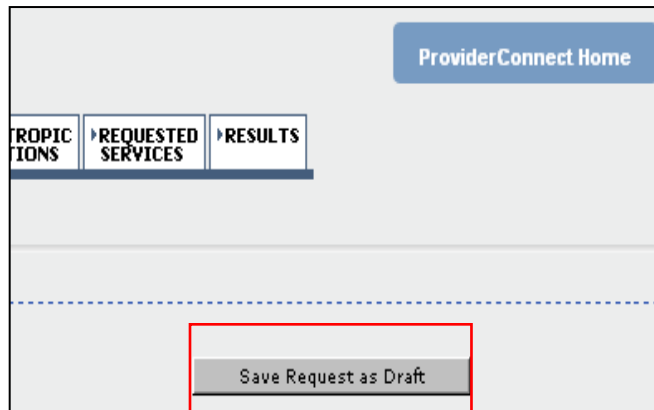


***Very Important* Saving Your Work**

IMPORTANT NOTE: Saving Requests as Drafts

Once the clinical screens in ProviderConnect have been accessed, providers have the ability to save a request as a draft in the event that they cannot complete it at the time the request was started. Users can click **Save Request as Draft** on the top right of the screen.

Saved drafts can be viewed and opened by providers from the **View Clinical Drafts** screen accessible from the ProviderConnect homepage.



A page is not saved unless you see: Draft Request successfully saved.

LEVEL OF CARE / DIAGNOSIS		CLINICAL PRESENTATION / MEDICATION / TREATMENT		ADDITIONAL MTPPR INFORMATION	
Requested Services Header					
Requested Start Date 04/15/2015	Member Name PROVIDER, IVANNA	Provider Name TEMP PROVIDER,	Vendor ID VCB003159		
Type of Request INITIAL	Member ID TEMP000981339	Provider ID CBHP002120	Provider Alternate ID TEMPFAC		
Level of Service INPATIENT/HLOC	Type of Service Mental Health	Level of Care Inpatient	Type of Care Inpatient Hospital - Inpatient Hospital		
• Draft Request successfully saved.  All fields marked with an asterisk (*) are required. Note: Disable pop-up blocker functionality to view all appropriate links.					
Level Of Care					

***See page 12 for information on how to access saved draft**

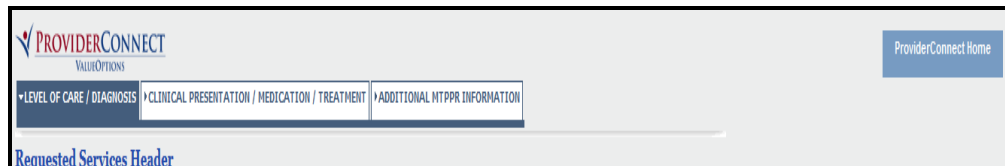


Completing Initial Inpatient/HLOC Requests, continued

Key Step 3: Complete the Clinical Screens

For initial inpatient service requests, there are two (2) clinical screens (*Please note that the third tab additional MTPPR information is only for Residential & GH providers*). The amount of information collected within each screen varies and not all fields are required.

1. **Level of Care/ Diagnosis**
2. **Clinical Presentation/ Medication/ Treatment**
3. **Additional MTPPR Information (Not Required)**



Below is information for completing each screen.

Key Step 4: Complete the Clinical Screens - Tips for Working through the Clinical Screens

- The screens will display in the order listed above when the **Next** button is clicked within each screen.
- Requests must be completed in order. *All required fields must be completed to move to the next screen.*
- Previous screens can be accessed by clicking the **Back** button at the BOTTOM of each page. Do not click the Back button on the top left corner of your browser window. You must click the **Next** button to proceed forward.
- Again, within any clinical screen the request can be saved as a draft by clicking the **Save Request as Draft** button within the screen header. We recommend you click this button at least once on each page of the authorization request.





Completing Initial Inpatient/HLOC Requests, continued

Key Step 5:
Complete the
Clinical Screens
– Level of Care
Screen

The Level of Care/Diagnosis screen is the first screen that will display after the Initial Entry screen. Much of the information is required for completion of this screen. Below are the key actions for completing this screen. Any field with an asterisk indicates that the field is required.

Step	Action
1	*Enter the CALLING PROVIDER/FACILITY open text field. If Member's LMHA is involved, Select LMHA from the dropdown
2	Enter the Aftercare Follow-up contact information for the member – Please provide at least one method for contacting member for follow-up. If not available, please clarify reason. *Complete Phone # , if not available select box and enter reason why
3	Enter the Member's email and then validate email to the right (not required)
4	Enter the Admitting Physician's name and phone #
5	Enter the Attending Physician's name and phone #
6	*Enter the Preparer's name and phone #
7	Enter the Utilization Review's Contact name and phone #
8	*Enter the Name of Place/Facility/Institution who referred member (please be specific)
9	*Complete the IF CHILD, DCF LEGAL STATUS field drop down.
10	▪ The Diagnosis section is next.

Key Step 6:
Complete the
Clinical Screens
– Level of Care-
Diagnosis Screen

Documentation of **Primary Behavioral Condition** is required. Provisional working condition and diagnosis should be documented if necessary. Documentation of **secondary co-occurring** behavioral conditions that impact or are a focus of treatment (mental health, substance use, personality, intellectual disability) is strongly recommended to support comprehensive care. Authorization (if applicable) does NOT guarantee payment of benefits for these services. Coverage is subject to all limits and exclusions outlined in the members plan and/or summary plan description including covered diagnoses.

Below are the key actions for completing this screen. Any field with an asterisk indicates that the field is required.

Step	Action
1	*The Primary Diagnostic Category 1 is the main diagnosis and should be the reason for the members decompensation to Inpatient Care
2	Enter the Diagnosis Code 1 or a brief Description and select the hyperlink



Completing Initial Inpatient/HLOC Requests, continued

Step	Action
3	System users can enter a partial diagnosis and then click on the hyperlink to view a filtered list of those DSM-IV and DSM-5 codes that match their search criteria.
4	Once a user clicks on the appropriate code in any of the pop-up windows, all other fields will populate. (Note: If a DSM-IV Diagnosis Code is chosen, the Category will be listed as (Z-CT – NON DSM-5 CODES))

Behavioral Diagnoses

Primary Behavioral Diagnosis

* Diagnostic Category 1 SELECT...

* [Diagnosis Code 1](#) Disorder * [Description](#)

OBSESSIVE-COMPULSIVE AND RELATED DISORDERS	312.39	TRICHOTILLOMANIA (HAIR-PULLING DISORDER)
OTHER NEURODEVELOPMENTAL DISORDERS	315.8	OTHER SPECIFIED NEURODEVELOPMENTAL DISORDER
OTHER NEURODEVELOPMENTAL DISORDERS	315.9	UNSPECIFIED NEURODEVELOPMENTAL DISORDER
OTHER NEURODEVELOPMENTAL DISORDERS	315.8	DEVELOPMENTAL DISORDER, OTHER
PERSONALITY DISORDERS	310.1	PERSONALITY CHANGE DUE TO ANOTHER MEDICAL CONDITION
SOMATIC SYMPTOM AND RELATED DISORDERS	316	PSYCHOLOGICAL FACTORS AFFECTING OTHER MEDICAL CONDITIONS
SPECIFIC LEARNING DISORDER	315.2	DEVELOPMENTAL COORDINATION DISORDER
SPECIFIC LEARNING DISORDER	315.1	SPECIFIC LEARNING DISORDER WITH IMPAIRMENT IN MATHEMATICS
SPECIFIC LEARNING DISORDER	315.00	SPECIFIC LEARNING DISORDER WITH IMPAIRMENT IN READING
SPECIFIC LEARNING DISORDER	315.2	SPECIFIC LEARNING DISORDER WITH IMPAIRMENT IN WRITTEN EXPRESSION
SPECIFIC LEARNING DISORDER	315.2	SPECIFIC LEARNING D/O W IMPAIRED WRITTEN EXPRESS
TRAUMA- AND STRESSOR-RELATED DISORDERS	313.89	DISINHIBITED SOCIAL ENGAGEMENT DISORDER

Behavioral Diagnoses

Primary Behavioral Diagnosis

* Diagnostic Category 1 TRAUMA- AND STRESSOR-RELATED DISORDERS

* [Diagnosis Code 1](#) 313.89 * [Description](#) Reactive Attachment Disorder

***There is additionally an open text field to enter information such as “Rule Outs” and “In Remissions”**

Additional Diagnosis Information (0 of 250)



Completing Initial Inpatient/HLOC Requests, continued

Primary Medical Diagnoses

Primary medical diagnosis is required. Select primary medical diagnostic category from dropdown or select medical diagnosis code and description.

* Diagnostic Category 1
 SELECT... [Diagnosis Code 1](#) [Description](#)

Diagnostic Category 2
 SELECT... [Diagnosis Code 2](#) [Description](#)

Step	Action
5	System users may choose to first select a Medical Diagnostic category and then utilize the Diagnosis Code and/or Description field hyperlinks to locate the appropriate Medical Diagnosis.
6	System users can enter a partial medical diagnosis and then click on the hyperlink to view a filtered list of those codes that match their search criteria.
7	If there is no medical diagnosis or it is unknown, please select one of the options under the Diagnostic Category. No Diagnosis Code or Description are needed if the selection is "None" or "Unknown".

* Diagnostic Category 1
 SELECT... [Diagnosis Code 1](#) [Description](#)

CIRCULATORY SYSTEM - HYPERTENSION
 CIRCULATORY SYSTEM - OTHER
 COMPLICATIONS OF PREGNANCY CHILDBIRTH AND THE PUERPERIUM
 CONGENITAL ANOMALIES
 DIGESTIVE SYSTEM - LIVER
 DIGESTIVE SYSTEM - OTHER
 DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS
 DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS - CHRONIC PAIN
 DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS - MIGRAINE
 DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS - MULTIPLE SCLEROSIS
 DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS - OTHER
 DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS - PARKINSON'S
 ENDOCRINE NUTRITIONAL AND METABOLIC DISEASES AND IMMUNITY DISORDERS - DIABETES
 ENDOCRINE NUTRITIONAL AND METABOLIC DISEASES AND IMMUNITY DISORDERS - OTHER
 ENDOCRINE NUTRITIONAL AND METABOLIC DISEASES AND IMMUNITY DISORDERS - THYROID
 GENITOURINARY SYSTEM - KIDNEY
 GENITOURINARY SYSTEM - OTHER
 INFECTIOUS & PARASITIC - HIV
 INFECTIOUS & PARASITIC - OTHER
 INJURY AND POISONING - OTHER
 INJURY AND POISONING - TBI
 MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE
 NEOPLASMS
 RESPIRATORY SYSTEM - COPD, ASTHMA, EMPHYSEMA
 RESPIRATORY SYSTEM - OTHER
 SKIN & SUBCUTANEOUS TISSUE
 SUPPLEMENTARY CLASSIFICATION OF EXTERNAL CAUSES OF INJURY AND POISONING
 SYMPTOMS SIGNS AND ILL-DEFINED CONDITIONS
 NONE
 UNKNOWN

- A. Partial Description –** We suggest for those system users that are new or unfamiliar to the DSM-5 Medical Diagnoses, to first enter a partial description of the medical condition then click the Description hyperlink.

Primary Medical Diagnoses

Primary medical diagnosis is required. Select primary medical diagnostic category from dropdown or select medical diagnosis code and description.

* Diagnostic Category 1
 SELECT... [Diagnosis Code 1](#) [Description](#)

Diagnostic Category 2
 SELECT... [Diagnosis Code 2](#) [Description](#)

Hypertensio



Completing Initial Inpatient/HLOC Requests, continued

- B. A partial description will bring up a pop-up window where users can view a filtered list of those descriptions that match their search criteria.

Category	Code	Description
CIRCULATORY SYSTEM - HYPERTENSION	401	ESSENTIAL HYPERTENSION
CIRCULATORY SYSTEM - HYPERTENSION	405	SECONDARY HYPERTENSION
COMPLICATIONS OF PREGNANCY CHILD BIRTH AND THE PUERPERIUM	642	HYPERTENSION COMPLICATING PREGNANCY, CHILD BIRTH, AND THE PUERPERIUM

- C. Once a user clicks on the appropriate code in the pop-up window, all other fields will populate.

Primary Medical Diagnoses

Primary medical diagnosis is required. Select primary medical diagnostic category from dropdown or select medical diagnosis code and description.

* Diagnostic Category 1: CIRCULATORY SYSTEM - HYPERTENSION

Diagnosis Code 1: 401

Description: Essential hypertension

The next section has been named **Social Elements Impacting Diagnosis**. Additionally, the “Housing Problems” checkbox has been divided into “Housing Problems (Not Homelessness)” and “Homelessness.”

Step	Action
1	To complete this section, simply click the check boxes for any of the factors that impact the member. It is okay to select more than one check box. At least 1 check box must be selected.
2	If there are no social elements impacting the member, select the “None” checkbox.
3	If social elements have not been assessed yet, select the “Unknown” checkbox
4	If Other Psychosocial and Environmental Problems is selected, an open text field will open and require you to enter what the other is.

Social Elements Impacting Diagnosis

* Check all that apply

☐ None	☐ Problems with access to health care services	☐ Housing problems (Not Homelessness)	☐ Problems related to the social environment
☐ Educational problems	☐ Problems related to interaction w/legal system/crime	☐ Occupational problems	☐ Homelessness
☐ Financial problems	☐ Problems with primary support group	☐ Other psychosocial and environmental problems	☐ Unknown

Completing Initial Inpatient/HLOC Requests, continued

The next section is named “**Functional Assessment**” and will allow users to enter up to 2 different assessment measures and scores. While 2 assessments can be entered, **users are not required to enter any information in this section as it is optional.**

Step	Action
1	To complete this section, simply click the dropdown for the Assessment Measure
2	If an ‘Assessment Measure’ is selected in the drop down, then an ‘Assessment Score’ must be entered into the corresponding field as well.
3	If an Assessment Measure is not listed in the dropdown, “Other” can be selected
4	If “Other” is selected an open text box will appear. Please enter the “Other” test and the Assessment score of that test.

Functional Assessment

Please indicate the functional assessment tool utilized or select Other to write in other specific tool. Assessment score for specific tool should be noted in the Assessment Score field.

Assessment Measure
SELECT...

Assessment Score

Secondary Assessment Measure
SELECT...

Assessment Score

A. Select the appropriate Assessment Measure from the drop down menu and enter the Assessment Score.

Assessment Measure
SELECT...
CDC HRQL
CGAS
FAST
GAF
OTHER
OMFAQ
SF12
SF36
WHO DAS

Assessment Score
75

Secondary Assessment Measure
SELECT...

Assessment Score

B. Users can select from the following assessment measures. If you are using a different assessment measure, then select ‘Other’ from the drop down menu.

Below is a Key for the Assessment Measure List:

- **CDC HRQL** = Center for Disease Control - Health-Related Quality of Life
- **CGAS** = Children’s Global Assessment Scale
- **FAST** = Functional Assessment Staging Test
- **GAF** = Global Assessment of Functioning
- **OMFAQ** =(Older Americans Resources and Services) **Multidimensional Functional Assessment Questionnaire**
- **SF12** = **Quality of Life Assessment Using the Short Form-12 Questions)**
- **SF36** =**Quality of Life Assessment Using the Short Form-36 Questions)**
- **WHO DAS** = World Health Organization Disability Assessment Schedule



Completing Initial Inpatient/HLOC Requests, continued

The next section is named “**Medical Implications**” and will ask users to answer (2) questions.

Step	Action
1	To complete this section, simply click the radio button that best answers the question for the member.
2	Are there comorbid medical conditions that impact the treatment of the diagnosed “MHSA” (Mental Health Substance Use) conditions? Yes, No, or Unknown
3	Is the member receiving appropriate medical care for the comorbid medical conditions? Yes, No, or Unknown

Medical Implications

Are there any comorbid medical conditions that impact the treatment of the diagnosed MHSA conditions?

Is the member receiving appropriate medical care for the comorbid medical conditions?

☐ Yes ☒ No ☐ Unknown
☐ Yes ☒ No ☐ Unknown

The next section is named “**Metabolic Assessment Tool**”, it is not required.

Step	Action
1	To complete this section, simply enter the members weight (lbs.), height (feet/inches) & waist circumference (inches)
2	The BMI number will auto generate along with “Results of BMI indicate the member may be” & the “Recommendation”. The Results of the Metabolic Syndrome Assessment will also auto populate.
3	If BMI not assessed please indicate by selecting the check box
4	And if the BMI was not assessed, then please provide additional information on reason for not obtaining BMI or if recommendation is to follow-up, details around the follow-up when available in the open text field.
5	Select Next at the bottom of the page to move to the next Tab

Metabolic Assessment Tool

Current Weight lbs. Height ft. in. Waist Circumference in inches in. BMI

BMI Categories: Underweight < 18.5 Normal weight = 18.5-24.9 Overweight = 25-29.9 Obese = BMI of 30 or greater.

Results of BMI indicate that the member may be Recommendation

Additional information on Metabolic Syndrome and assessment tools are available at <http://www.valueoptions.com/providers/Protocols.htm>. A direct link to the page is available on the Provider Home Page of ProviderConnect under Clinical Support Tools or you may click on the above link to open directly in a separate browser window.

Results of Metabolic Syndrome Assessment

☒ BMI not assessed

Please provide additional information on reason for not obtaining BMI or if recommendation is to follow-up, details around the follow-up when available.

▶ Narrative Entry (0 of 2000)

Back Next



Completing Initial Inpatient/HLOC Requests, continued

Key Step 7: Complete the Clinical Screens – Clinical Presentation/ Medication/Treat ment Screen

The Clinical Presentation/Medication/Treatment screen captures a snapshot of the member's current mental status by allowing providers to first enter the Symptomatology. The Narrative entry is required and is looking for the following information below:

Please explain the reason for current admission (describe symptoms) and include the precipitant (what stressor or situation led to this decompensation). If this is a concurrent request, please list both the progress that has been made to date, and what symptoms still remain.

PROVIDERCONNECT
VALUE OPTIONS

LEVEL OF CARE / DIAGNOSIS | **CLINICAL PRESENTATION / MEDICATION / TREATMENT** | ADDITIONAL MT/PPR INFORMATION

Requested Services Header

Requested Start Date: 04/15/2015 | Member Name: PROVIDER, IVANNA | Provider Name: TEMP PROVIDER, | Vendor ID: VCB003159 | Save Request as Draft

Type of Request: INITIAL | Member ID: TEMP000981339 | Provider ID: CBHP002120 | Provider Alternate ID: TEMPEAC | NDI # for Authorization: SELECT...

Level of Service: INPATIENT/HLOC | Type of Service: Mental Health | Level of Care: Inpatient | Type of Care: Inpatient Hospital - Inpatient Hospital | Authorized User:

Symptomatology

Please explain the reason for current admission (describe symptoms) and include the precipitant (what stressor or situation led to this decompensation). If this is a concurrent request, please list both the progress that has been made to date, and what symptoms still remain.

Narrative Entry (0 of 2000)

Below the Symptomatology is an abbreviated risks section

Key:
0 = None 1 = Mild or Mildly Incapacitating 2 = Moderate or Moderately Incapacitating 3 = Severe or Severely Incapacitating N/A = Not Assessed

* Member's Risk to Self
0 1 2 3 N/A

* Member's Risk to Others
0 1 2 3 N/A

* Substance Use
0 1 2 3 N/A

* Legal
0 1 2 3 N/A

Step	Action
1	Select the radio button for the following field: Members Risk to Self- Please Indicate (1,2,3 or N/A) (Please note: By indicating 2 or 3 will open up a Danger to Self-Symptom Complex Box narrative in the primary Issues/Symptoms addressed in Treatment Area)
2	Select the radio button for the following fields: Members Risk to Others- Please Indicate (1,2,3 or N/A) (Please note: By indicating 2 or 3 will open up a Danger to Others-Symptom Complex Box narrative in the primary Issues/Symptoms addressed in Treatment Area)
3	Select the radio button for the following fields: Substance Use- Please Indicate (1,2,3 or N/A) (Please note: By indicating 2 or 3 will open up a Substance Use Symptom Complex Box narrative in the primary Issues/Symptoms addressed in Treatment Area)
4	Select the radio button for the following fields: Legal- Please Indicate (1,2,3 or N/A) (Please note: By indicating 1, 2 or 3 will open up a field which requires the user to indicate the following legal issue: Juvenile Justice, Parole, Probation or Other Court)



Completing Initial Inpatient/HLOC Requests, continued

Step	Action
1	Select the radio button for the following field: (*not required unless SA Primary) ▪ Urine drug screen- Please Indicate (Yes, No or Unknown)
2	Select the radio button for the following fields: (*not required unless SA Primary) ▪ Outcome of UDS- Please Indicate (Positive, Negative or Pending)
3	Enter the Date of Urine Drug Screen: (*not required unless SA Primary) ▪ MMDDYYYY format or select the calendar button and select the date
4	Enter the COWS & CIWA : (*not required unless SA Primary) ▪ COWS scale for Opiate Withdrawal: 5-12: mild 13-24: moderate 25-36: moderately severe >36: severe withdrawal ▪ CIWA for ETOH withdrawal: < 8: no concern 9-15: mild to moderate concern 16+: needs aggressive intervention- potential delirium
5	Positive for: Check all that apply (*not required unless SA Primary) ▪ Select Check boxes: Cannabis, Opiates, Cocaine, Amphetamines, Tricyclic Antidepressants, Phenylpropanolamine, Benzodiazepines, Barbiturates, Methamphetamine, PCP (phencyclidine), LSD (Lysergic acid diethylamide), Methadone or Other
6	*Enter the Blood Alcohol: if unknown, then select the checkbox N/A

Urine drug screen?

☐ Yes
☐ No
☒ Unknown

Outcome of UDS

☐ Positive
☐ Negative
☐ Pending

Date of Urine Drug Screen

COWS
CIWA

* Blood Alcohol
☐
☒ N/A

Positive For
Check all that apply

☐ Cannabis
☐ Benzodiazepines
☐ Opiates
☐ Barbiturates
☐ Cocaine
☐ Methamphetamine
☐ Amphetamines
☐ PCP (Phencyclidine)
☐ Tricyclic Antidepressants
☐ LSD (lysergic acid diethylamide)
☐ Phenylpropanolamine
☐ Methadone
☐ Other



Completing Initial Inpatient/HLOC Requests, continued

Key Step 7:
Complete the
Clinical Screens
– **Clinical**
Presentation/
Medication/Treat
ment Screen

The Primary Issues/Symptoms Addressed in Treatment

Below are the key actions for completing this screen.

Please Note: Symptom complexes are utilized for gathering clinical information specific to the primary behavioral diagnosis and/or risk. At times more than one complex may be identified for completion. Providing all the requested information in the identified complex (es) will assist in completing the authorization process and determining medical necessity. If this is a concurrent request, please update the identified complexes with any new information for each complex based on the individual's current symptomatology

Step	Action
1	*If Danger to Self-Symptom Complex is Required: Indicate the following: - PRESENTING PROBLEM (BEHAVIORAL DESCRIPTION OF ACUITY; DESCRIBE ANY ATTEMPT, RESCUE, SELF-RESCUE, LETHALITY, MEDICAL TREATMENT RECEIVED): - IDEATION: - PLAN: - INTENT: - MEANS: - BASELINE (INCLUDE ANY SUICIDALITY, PARASUICIDALITY OR SELF-INJURIOUS BEHAVIOR AT BASELINE): - DESCRIBE ANY HISTORY OF ATTEMPTS: - TREATMENT HISTORY: - ICM NEEDS (INCLUDING COMMUNITY, VO, CM, DM, ETC): - OTHER INFORMATION PERTINENT TO MEMBER'S HISTORY AND CURRENT TREATMENT REQUEST:
2	*If Danger to Others-Symptom Complex is Required: Indicate the following: - PRESENTING PROBLEM (WHO IS THE INTENDED VICTIM? WHY DOES THE MEMBER WANT TO COMMIT HOMICIDE OR HARM?): - IDEATION: - PLAN: - INTENT: - MEANS: - HOW IS THIS REFLECTIVE OF MENTAL ILLNESS VERSUS MALADAPTIVE SOCIAL BEHAVIOR? - IS THERE A DUTY TO WARN? - WILL PROVIDER DO THE DUTY TO WARN? (NOTE, IF PROVIDER WILL NOT DO DUTY TO WARN SPEAK WITH YOUR SUPERVISOR): - BASELINE: - DESCRIBE ANY HISTORY OF VIOLENCE (INCLUDING IF MEMBER HAS EVER ATTEMPTED TO KILL OR INFLICT SERIOUS HARM): - LEGAL INVOLVEMENT (PAST OR PRESENT)? - TREATMENT HISTORY: - ICM NEEDS (INCLUDING COMMUNITY, VO, CM, DM, ETC): - OTHER INFORMATION PERTINENT TO MEMBER'S HISTORY AND CURRENT TREATMENT REQUEST:



Step	Action
3	*If Psychosis-Symptom Complex is Required: Indicate the following: - PRESENTING PROBLEM (BEHAVIORAL DESCRIPTION OF SYMPTOMATOLOGY): - DELUSIONS: - HALLUCINATIONS: - COMMAND HALLUCINATIONS: - THOUGHT DISORDER: - BASELINE: - FIRST EPISODE? - NEUROLOGICAL WORKUP NEEDED? - IS MEMBER MEDICATION COMPLIANT? - HAS PROVIDER EXPLORED PAST MEDICATIONS, COMPLIANCE, AND EFFECTIVENESS? - IS THERE A NEED FOR DIFFERENT MEDICATION(S)? - DESCRIBE PLAN FOR MEDICATION COMPLIANCE (INCLUDING SUPPORTS TO ASSIST PRN): - TREATMENT HISTORY: - ICM NEEDS (INCLUDING COMMUNITY, VO, CM, DM, ETC): - OTHER INFORMATION PERTINENT TO MEMBER'S HISTORY AND CURRENT TREATMENT REQUEST:
4	*If Child/Adolescent Behavior-Symptom Complex is Required: Indicate the following: - PRESENTING PROBLEM (BEHAVIORAL DESCRIPTION OF BEHAVIORAL ISSUES): - WHEN DO THESE BEHAVIORS TEND TO HAPPEN? - WHEN WAS THE LAST TIME THESE BEHAVIORS OCCURRED? - DO THESE BEHAVIORS OCCUR IN THE SCHOOL? - IS SCHOOL INVOLVED IN CURRENT TREATMENT PLAN? DESCRIBE COORDINATION WITH SCHOOL. - IS MEMBER INVOLVED WITH SPECIAL ED? - DO THESE BEHAVIORS OCCUR IN THE HOME? - HAVE FAMILY SESSIONS OCCURRED AS OFTEN AS NECESSARY? - DO THE BEHAVIORS OCCUR IN THE COMMUNITY? - LEGAL/SOCIAL SERVICE INVOLVEMENT? - BASELINE: - TREATMENT HISTORY: - SPECIFIC TO BEHAVIOR PLAN, WHAT ASSISTANCE WILL FAMILY/GUARDIANS NEED IN ORDER TO MAINTAIN BEHAVIOR PLAN? - ICM NEEDS (INCLUDING COMMUNITY, VO, CM, DM, ETC): - OTHER INFORMATION PERTINENT TO MEMBER'S HISTORY AND CURRENT TREATMENT REQUEST:
5	*If Eating Disorder-Symptom Complex is Required: Indicate the following: - PRESENTING PROBLEM (DESCRIBE ANY BINGING, PURGING, RESTRICTING, OVER-EXERCISING, FOOD RITUALS, ETC): % IBW: - ORTHOSTATIC BP: STANDING ___/___; SITTING ___/___ - EKG, ELECTROLYTES, OTHER LAB INFO: - CO-MORBID MEDICAL ISSUES: - CO-MORBID PSYCHIATRIC ISSUES: - BASELINE: - TREATMENT HISTORY: - ICM NEEDS (INCLUDING COMMUNITY, VO, CM, DM, ETC): - OTHER INFORMATION PERTINENT TO MEMBER'S HISTORY AND CURRENT TREATMENT REQUEST:



Step	Action
6	*If Neurocognitive-Symptom Complex is Required: Indicate the following: - PRESENTING PROBLEM (BEHAVIORAL DESCRIPTION OF ACUITY): - MEDICAL WORK UP NEEDED TO RULE OUT CAUSALITY OF SYMPTOMS? - HAS A NEUROLOGICAL WORK UP BEEN COMPLETED? - DOES MEMBER HAVE A UTI? - OTHER LABS COMPLETED: - WHAT IS THE MEMBER'S BASELINE? AND WHEN WAS S/HE LAST AT BASELINE? - IS THE OP MED REGIMEN MONITORED FOR UNDER OR OVER MEDICATING? - TREATMENT HISTORY: - DOES THE FAMILY HAVE REASONABLE EXPECTATIONS ABOUT MEMBER'S ABILITY TO RETURN TO BASELINE (OR INABILITY TO RETURN TO BASELINE)? - IS THE MEMBER FROM A NURSING HOME? IF SO, WILL THE NURSING HOME HOLD THE BED FOR MEMBER'S RETURN? - IF MEMBER WAS LIVING AT HOME, WILL MEMBER BE ABLE TO RETURN HOME IF RECENT BASELINE IS ACHIEVED? - ICM NEEDS (INCLUDING COMMUNITY, VO, CM, DM, ETC): - OTHER INFORMATION PERTINENT TO MEMBER'S HISTORY AND CURRENT TREATMENT REQUEST:
7	*If Substance Use-Symptom Complex is Required: Indicate the following: - PRESENTING PROBLEM (DRUG(S) OF CHOICE, ROUTE OF ADMINISTRATION, AMOUNT OF USE, FREQUENCY OF USE, AGE OF FIRST USE, DATE OF LAST USE ETC): - PSYCHOLOGICAL & LEGAL CONSEQUENCES OF USE: - BASELINE: - TREATMENT HISTORY (PREVIOUS ATTEMPTS AT TREATMENT & OUTCOME): - ICM NEEDS (INCLUDING COMMUNITY, VO, CM, DM, ETC): - HISTORY OF DTS OR SEIZURES: - COULD THE PATIENT BE USING DRUGS THAT WOULDN'T SHOW ON UDS? - OTHER INFORMATION PERTINENT TO MEMBER'S HISTORY AND CURRENT TREATMENT REQUEST:

If SA Complex was required then continue to indicate the ASAM/ Other Patient Placement Criteria *then complete the 6 Dimension Checkboxes (Required)

Step	Action
1	Indicate Dimension 1: Intoxication/Withdrawal Potential (Low, Medium or High)
2	Indicate Dimension 2: Biomedical Conditions (Low, Medium or High)
3	Indicate Dimension 3: Emot/Beh/Cogn Conditions (Low, Medium or High)
4	Indicate Dimension 4: Readiness To Change (Low, Medium or High)
5	Indicate Dimension 5: Relapse Potential (Low, Medium or High)
6	Indicate Dimension 6: Recovery Environment (Low, Medium or High)

8	*If Mood Disorder-Symptom Complex is Required: Indicate the following: - PRESENTING PROBLEM (BEHAVIORAL DESCRIPTION OF ACUITY): - BASELINE: - TREATMENT HISTORY: - IF THERE ARE ANY PSYCHOTIC SYMPTOMS, HOW ARE THEY BEING ADDRESSED? - IF AN ANTIPSYCHOTIC IS BEING USED (FOR PSYCHOSIS OR AS A MOOD STABILIZER), HAS METABOLIC TESTING BEEN DONE? - IS THERE A SEASONAL COMPONENT? - IS THIS POSTPARTUM ONSET? - ICM NEEDS (INCLUDING COMMUNITY, VO, CM, DM, ETC): - OTHER INFORMATION PERTINENT TO MEMBER'S HISTORY AND CURRENT TREATMENT REQUEST:
---	---



Completing Initial Inpatient/HLOC Requests, continued

*Recovery and Resiliency

**Key Step 8:
Complete the
Clinical Screens
Recovery and
Resiliency
Screen**

Please outline the recovery and resiliency environment to support this individual's long term recovery plan. Please include personal strengths, support systems available to support the recovery and details around living environment, as well as outline any identified needs or supports that need to be put in place to assist in the successful recovery.

Recovery and Resiliency

Please outline the recovery and resiliency environment to support this individual's long term recovery plan. Please include personal strengths, support systems available to support the recovery and details around living environment, as well as outline any identified needs or supports that need to be put in place to assist in the successful recovery.

Narrative Entry
(0 of 2000)

Medications

(If member is currently not on Medication(s), this field is not required on the Initial Request. The Medication field is required on the Concurrent review.

Step	Action
1	If MEMBER is CURRENTLY ON PSYCHOTROPIC MEDICATIONS please indicate the following required fields:
2	Enter each of the Medications in the field as necessary (*Medication name, *Start date, date discontinued, the date added (will populate to today's date). *How to Enter the Medication: First select the hyperlink above the medication name field. It will bring up a list of psychotropic medications, sorted by class. If the medication is found, select the Medication from the list. If a medication is not listed in this list, users can choose 'Other' and then enter the name of the medication in the "Other" open text field below the Medication field.
3	*Please indicate in the open text field for each of the following Medications: <i>For this medication, please enter any details concerning dosage, side effects, adherence, effectiveness, prescribing provider and any specific target symptoms.</i>
4	If Additional Medications need to be added, then Select the "Add Medication" Box.



Completing Initial Inpatient/HLOC Requests, continued

Medications

Medication

* Medication Description

* Start Date

Date Discontinued

* Date Added 04/15/2015

For this medication, please enter any details concerning dosage, side effects, adherence, effectiveness, prescribing provider and any specific target symptoms.

▶ Narrative Entry (0 of 250)

Code	Description
Atypical Anti-psychotics	
CLOZAR	CLOZARIL (CLOZAPINE)
RISPER	RISPERDAL (RISPERIDONE)
ZYPREX	ZYPREXA (OLANZAPINE)
SEROQU	SEROQUEL (QUETIAPINE)
GEODON	GEODON (ZIPRASIDONE)
SYMBYX	SYMBYAX (OLANZAPINE, FLUOXETINE)
ABILIF	ABILIFY (ARIPIRAZOLE)
Antidepressants	
LEXAPR	LEXAPRO (ESCITALOPRAM)
PRIST	PRISTIQ (DESVENLAFAXINE)
PROZAC	PROZAC (FLUOXETINE)
PAXIL	PAXIL (PAROXETINE)
PAXILC	PAXIL CR (PAROXETINE)

Step	Action
5	*Please provide an overview with respect to all medications above, please enter any additional details that would assist in coordinating care. Note: The Open text field will allow up to 2000 characters
6	Indicate if there are Med changes this month? Yes or No (Not Required)
7	Meds Require serum blood levels? Yes or No (Not Required)
8	Date of most recent blood draw Enter date (MMDDYYY format or use the calendar icon) or select Unknown (Not Required)

The Best Practices Endorsement

Step	Action
1	Please select the hyperlink: Best Practice Guidelines Related to Primary Behavioral Diagnosis- Please Read
2	*Do you endorse that I follow Best Practice Guidelines for the Primary Diagnosis: Yes or No *If No, Please enter the reason why in the open text field (1000 character limit)



Completing Initial Inpatient/HLOC Requests, continued

Key Step 9:
Complete the
Clinical Section
Additional
Information on
Selected
Conditions

Based on the members current Primary Behavioral and Medical Diagnosis, you will encounter Hyperlinks that appear. By selecting the hyperlink, you will be redirected to the Achieve Solutions Website which offers additional information to share with the member regarding the condition.

Below are the key actions for completing the next steps. Any field with an asterisk indicates that the field is required.

Step	Action
1	*Select all members of the Care Planning Team.
2	*Is there a child or adult in member's household in need of any support or services? Yes or No. If Yes, Please answer the following: - Select primary support/services needed from the dropdown - Select additional support/services if needed from the dropdown - If Yes, describe support/services recommended (open text field 250 char.)
3	*Is service requested for HLOC because appropriate LLOC not available? Yes or No If *Yes: - What LLOC was needed and not available for member? (Indicate from Dropdown menu) - Reason why appropriate LLOC not available? (Check all that apply) If Other, then describe in the open text field (250 character limit)
4	*Planned Discharge Level of Care (drop down menu)
5	*Planned Discharge Residence (drown down menu)
6	*Expected Discharge Date (MMDDYYYY format or use calendar icon)
7	Select the Next button. The Additional MTPPR Information screen will display next.

PROVIDERCONNECT
VALUEOPTIONS

LEVEL OF CARE / DIAGNOSIS | CLINICAL PRESENTATION / MEDICATION / TREATMENT | **ADDITIONAL MTPPR INFORMATION**

Requested Services Header

Requested Start Date 04/15/2015	Member Name PROVIDER, IVANNA	Provider Name TEMP PROVIDER,	Vendor ID VCB003159	Save Request as Draft
Type of Request INITIAL	Member ID TEMP000981339	Provider ID CBHP002120	Provider Alternate ID TEMPFAC	NPI # for Authorization SELECT...
Level of Service INPATIENT/HLOC	Type of Service Mental Health	Level of Care Inpatient	Type of Care Inpatient Hospital - Inpatient Hospital	Authorized User

This tab is not required for this type of request.

[Back](#) [Submit](#)

***The Additional MTPPR Information screen is only required for DCF Residential and Group Homes please Select SUBMIT**



Completing Initial Inpatient/HLOC Requests, continued

Key Step 10: Submit Request and Confirm Submission

Once the **Submit** button is selected from the final clinical screen, the submission screen will Display. **Inpatient Requests will be pended to the CT BHP clinical team for further review.**

Determination Status: ***** PENDED *****				
The services requested require additional review. You will be contacted regarding the status of this request if further information is needed. An authorization decision will be made within the required timeframes and details of that decision may be found under the member's authorization history.				
Member Name	Member ID	Member DOB	Subscriber Name	Subscriber ID
ANITA IMDFOUR	TEMP000804350	01/01/1991	ANITA IMDFOUR	TEMP000804350
Pended Authorization #	Client Authorization #	Type of Request		
071112-1-1	U0532077	CONCURRENT		

Auto-Pended Requests

Step	Action
1	Confirm submission of request. - The status would indicate 'Pended' at the top of the screen with a message indicating that the request requires further review. - The Results screen provides a summary of information about the request.
2	Print the request. - Click the Print Authorization Result button to print a copy of the Results page. - Click the Print Authorization Request button to print a copy of all the screens/fields completed for the request, including the clinical screens and the Results page.
4	Download the request. Click the Download Authorization Request button to save a copy of the request either in .pdf format or xml.
	Exit the Request for Authorization function. Click the Return to Provider Home to exit the Request for Authorization function.

Authorization Printing & Downloading Options:

(For the best print results, please print in 'landscape' format)

Print Authorization Result Print the Results page (this page)	Print Authorization Request Print the entire Authorization Request	Download Authorization Request Download the entire Authorization Request	Return to Provider Home Return to the ProviderConnect homepage
---	--	--	--

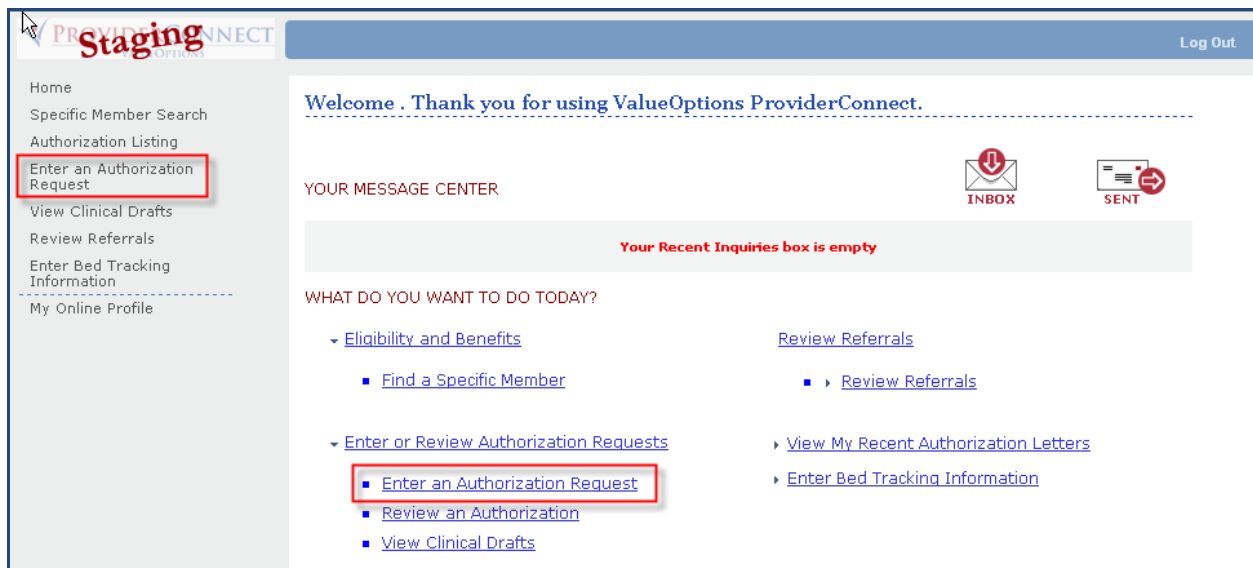


Completing Inpatient/HLOC Concurrent Requests

Key Step 1: Initiate a Concurrent Request for Authorization

Entering an Inpatient Concurrent Authorization is very similar to entering an Initial Inpatient Authorization. Below are the key actions for completing this process. The fields with an asterisk indicate that the field is required.

1. Select **Enter an Authorization Request** link from either the left navigational menu or the middle of the ProviderConnect homepage.



Completing Inpatient/HLOC Concurrent Requests, continued

- Review the Disclaimer and select the **Next** Button.

Disclaimer

Please note that ValueOptions recognizes only fully completed and submitted requests as formal requests for authorization. ValueOptions does not recognize or retain data for partially completed requests. Upon full completion of the "Enter an Authorization Request" process, you will receive notification that your request has been received by ValueOptions.

Next

- Search for Member's Record by entering the Member's 9-digit Medicaid ID (00#####) and Date of Birth (MMDDYYYY). (You may also be able to use a Temporary member ID if the member doesn't have a Medicaid ID #.) Then select **Search**.

Required fields are denoted by an asterisk (*) adjacent to the label.

Verify a patient's eligibility and benefits information by entering search criteria below.

*Member ID (No spaces or dashes)

Last Name

First Name

*Date of Birth (MMDDYYYY)

As of Date (MMDDYYYY)

Search

- Select the **Next** button on the Member record to continue.

Member ?

Member ID	TEMP000700058
Alternate ID	
Member Name	WOODSIN, MOONEY
Date of Birth	01/15/1995
Address	500 ENTERPRISE DR HARTFORD, NB E7M
Alternate Address	
Marital Status	-
Home Phone	
Work Phone	
Relationship	1
Gender	M - Male

Next

- The **Select Service Address** screen will display.



Completing Inpatient/HLOC Concurrent Requests, continued

- Capture the Service Address/Vendor by selecting the radio button next to the Provider ID. The record that is selected will be attached to the request and authorization that will be created. **NOTE: You must select the same Service Address/Vendor that was used on the Pre-Cert for the system to recognize this as a Concurrent Review.**

Select Service Address

Provider	Vendor	
Capture	Provider ID	Vendor ID
	Last Name	Vendor Last Name
	First Name	Vendor First Name
	Tax ID	Paid To Vendor ID
	Service Address	Pay To Address
	Alternate ID	
☒	CBHP002120	VCB003159
	TEMP PROVIDER	TEMP PROVIDER
	500 ENTERPRISE DR. OTP STE 4D ROCKY HILL, CT 06067-3913-	500 ENTERPRISE DR. OTP STE 4D ROCKY HILL, CT 06067-3913-
	TEMPFAC	
☐	CBHP002120	VCB005769
	TEMP PROVIDER	TEMP PROVIDER
	999999999	
	500 ENTERPRISE DR. STE 4D ROCKY HILL, CT 06067-3913-	500 ENTERPRISE DR. STE 4D ROCKY HILL, CT 06067-3913-
	999999999	

Back Next

- Select the **Next** button to continue. The **Requested Service Header** will display.



Completing Inpatient/HLOC Concurrent Requests, continued

Key Step 2: Complete the Concurrent Entry Request Screen

The second key step is to complete the Requested Services Header screen. This screen displays for all types of requests. However, the information entered determines which clinical screens will display and which authorization parameters will be applied to the request. The fields with an asterisk indicate the field is required.

1. Enter the **Requested Start Date***. (The Requested Start Date is the last date authorized on the current authorization.)
2. Select the **Level of Service = INPATIENT/HLOC***. (When the level of service is selected, the screen will update with the required fields specific to the level of service.)
3. Select the **Type of Service = MENTAL HEALTH***.
4. Select the **Level of Care = INPATIENT***
5. Select the **Type of Care = INPATIENT – INPATIENT HOSPITAL***
Note: (Inpatient – IP Psych Facility – Natchaug Hospital Only)
6. Enter the **Admit Date*** (MMDDYYYY). (The Admit Date is the start date on the original pre-certification- **(IT MUST MATCH OR AN ERROR WILL OCCUR.)**)
7. Answer Yes for **Has Member Been Admitted to Your Facility*** field.
8. Attach a document (**CT BHP registered services do not require attached documents.**)
9. If the Admit Time field is not auto-populated, users should enter (00:00) Military Time only.
10. Select the **Next** button.

Requested Services Header

All fields marked with an asterisk (*) are required.
Note: Disable pop-up blocker functionality to view all appropriate links.

*Requested Start Date (MMDDYYYY): 04142015

*Level of Service: INPATIENT/HLOC

*Type of Service: MENTAL HEALTH

*Level of Care: INPATIENT

Type of Care: INPATIENT - INPATIENT HOSPITAL

*Admit Date (MMDDYYYY): 04142015

Admit Time (HHmm): 0000

*Has the member already been admitted to the facility: ☒ Yes ☐ No

Provider

Tax ID	Provider ID: CBHP002120	Provider Last Name: TEMP PROVIDER	Vendor ID: VCB003159
--------	-------------------------	-----------------------------------	----------------------

Member

Member ID: TEMP000981339	Last Name: PROVIDER	First Name: IVANNA	Date of Birth (MMDDYYYY): 01011995
--------------------------	---------------------	--------------------	------------------------------------

Attach a Document

Complete the form below to attach a document with this Request

The following fields are only required if you are uploading a document

*Document Type: Does this Document contain clinical information about the Member? Yes ☐ No ☐

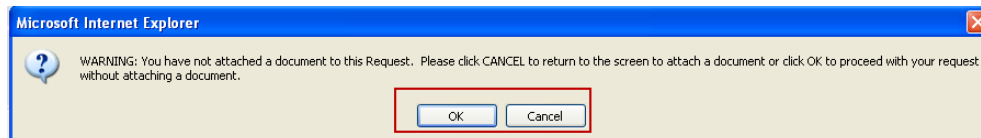
*Document Description: SELECT... UploadFile Click to attach a document Delete Click to delete an attached document

Attached Documents:

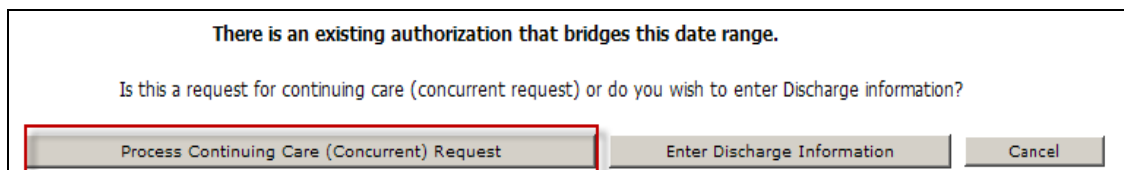
Back Next

11. A warning message will display to confirm whether you want to proceed without attaching a document. Select the **OK** button to proceed.

12. Completing Inpatient/HLOC Concurrent Requests, continued



13. Select the **Process Continuing Care (Concurrent) Request** button to complete the Concurrent Request.



If you do not see the “Process Continuing Care (Concurrent) Request” button, DO NOT continue. Return to the previous page and re-enter the information again, making sure the Requested Start Date and Admit Date fields are correct. If you are not prompted with the button above, please call the CT BHP to troubleshoot your situation.

Please go to page 18 of the User Manual and Proceed. Thank you.